

## FACSIMILE COVER SHEET

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Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.:	LSN-5
Application No.:	09/348,618
Filing Date:	July 6, 1999
Applicant:	John E. Larson
Art Unit:	3636

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/348,618
Filing Date	July 8, 1999
First Named Inventor	John Larson
Art Unit	3636
Examiner Name	
Attorney Docket Number	LSN-5

**I hereby revoke all previous powers of attorney given in the above-identified application.**

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 46271

46271

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 46271

OR

Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

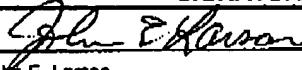
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature 

Name John E. Larson

Date Jan 30th 2006

Telephone (408) 363-3804

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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